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GOSELIN'S CLINICAL LECTURES ON SURGERY . . . . . 16 PAGES.

### CLINICS.

#### CLINICAL LECTURES.

Clinical Lecture on a Case of Successful Ligation of both External Iliacs for Inguinal Aneurisms. By EBEN. WATSON, M.A., M.D., Prof. Phys. in Anderson's University, and Surgeon to Royal Infirmary, Glasgow.

GENTLEMEN: I have the pleasure of calling your attention this morning to a very rare occurrence in surgery—namely, the successful ligature of both external iliacs for inguinal aneurisms. The patient is the same Thos. M'C— whom I introduced to your notice at the beginning of the present session. I then described to you the history and results of ligature of

the left iliac for inguinal aneurism, performed by me on the 1st May, 1875.<sup>1</sup> I now show you the man cured of aneurism of the right common femoral by ligature of the right iliac artery, which I performed in your presence on the 19th January, 1876; that is, eight months and nineteen days after the previous operation. In Mr. Erichsen's "Surgery" you will find reference made to a similar case, in which Mr. Tait tied both iliacs successfully, at an interval of eleven months between the operations. I do not know of any other such case on record.

After the first operation M'C— remained quite well, and was able to resume

<sup>1</sup> See The Lancet of Jan. 15, 1876.

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his work as a shoemaker; but on the 17th November, 1875, he returned to the hospital complaining of violent headache, or rather of a violent pain on the right side of the head, said to be quite of peculiar nature. Ordinary remedies had no effect on this pain, and I began to wonder if it could be due to some intracranial aneurism. I did not, however, make out any bruit; and as the man had once had syphilis, I put him upon full doses of iodide of potass, on the theory that the headache might be periostic in its origin. Soon afterwards the pain rather suddenly ceased, and the man declared himself quite well on the 24th November.

Nevertheless, he remained in the hospital, chiefly because I wished to show him to you, and to the Medico-Chirurgical Society of Glasgow. As before, he made himself very useful in the wards, but was not allowed to do any heavy work. It was only on the 27th of December last that he told me in passing through the wards that there was an unusual beating in his right groin, as if he had another aneurism there, and on examination such turned out to be the truth. The tumour was in the site of the common femoral, just under Poupart's ligament, as large as a walnut, pulsating freely in all directions, and yielding a loud aneurismal bruit when listened to with the stethoscope. I immediately ordered rest in bed, and compression only with a sandbag, because of the tenderness of a gland which was situated close to the aneurism.

Unfortunately the patient could not endure any form of pressure. I tried the abdominal compressor in several positions above the aneurism, and Signoroni's tourniquet further down. I even applied Carte's circular tourniquet below the aneurism and on the tumour itself, but all to no purpose, and the man himself begged me to tie the vessel, as I had done before on the other side. By this time the aneurism had considerably increased in size, and now measured three inches in length. The bruit was very loud, and a grating sensation was communicated to the hand when laid on the tumour, just as if the blood-current was displacing coagula in the sac as it passed through.

A consultation of the surgical staff of the hospital agreed with me that ligature of the right external iliac should now be performed, and therefore, having put the man on low diet for a few days, and gently opened his bowels, I performed the operation on the 19th of January.

The limb was carefully wrapped in cotton wool and flannel, and chloroform was administered, but he went under its influence with difficulty, had frequent attacks of retching and coughing, and occasionally during the operation came partially out of the anaesthetic stupor. His condition, therefore, was not such as made the operation easy, and it also happened that, after making the ordinary incisions through the skin, aponeurosis, and muscles, I found it very difficult to separate the transversalis fascia from the peritoneum; in fact, I punctured the latter in scratching through the fascia, the unsteadiness of the patient and his not being thoroughly under the chloroform at that moment having much to do with this error. However, immediately recognizing the mishap, I closed the puncture with a single stitch of catgut, and proceeded with the operation, which I speedily completed without further difficulty. I dare say that the trial of compression on this side served to condense the areolar tissue, which is usually found loose and easily torn between the transversalis fascia and the peritoneum. The pulsation in the aneurism was at once arrested, and never for a moment returned. Its size was also greatly diminished on the ligature being tightened. I ought to mention here that the ligature was of silk, prepared as before by being drawn through melted wax and carbolic acid. It was cut short at the knot, and after the carbolic spray had been freely used, the wound was closed with stitches of silver wire, a drainage-tube of oil-silk having been inserted at the upper extremity. Next day I removed the dressings and extracted the drainage-tube, as there was no discharge at all, and not the least tenderness on pressure. There was, however, considerable flatulent distension of the abdomen, constant sickness, and occasional vomiting. His pulse was 72,

and his temperature 99°. I ordered him a calomel and opium pill twice during the day, and one of colocynth and henbane at night. Nevertheless he continued to vomit frequently until next day, when his bowels were freely relieved by an enema. The abdominal distension at once disappeared, and, in fact, he was quite well.

He was kept on mild, soft diet, and had no bad symptom after the second day—in fact, after he recovered from what I believe was a bilious attack, increased by the effects of chloroform, which evidently disagreed with him both at the time of its administration and afterwards. The wound was frequently dressed, and healed rapidly without suppuration. By the 10th of February it had completely cicatrized, and the dressings were discontinued.

Six days after the operation it is noted in the journal that the blood in the aneurismal sac felt quite solid, and by the time the wound was healed its size had greatly diminished. It is now represented by a small hard mass, of a flattened form, underneath Poupart's ligament.

The patient's diet was improved, and he was allowed to sit up in bed. In doing so he seemed to have bruised or irritated a gland in the iliac region outside of the cicatrix, and it was painful for a day, but a poultice soothed the pain, and the swelling very soon entirely disappeared.

Almost all restrictions were now removed, and the patient is reported on March 4th as being out of bed most of the day. It will be noticed that in this case the wound was firmly cicatrized in twenty-two days, and the patient was well and out of bed in six weeks from the date of the operation.

I am glad to be able to show you this man to-day (7th of June), nearly six months after the second operation was performed. He has been quite well since then, and only now complains of weakness of the abdominal parietes, where the incisions were made, and where you saw a considerable bulging when he coughed. I believe that a double truss with large and flat heads will be the best remedy for this state of parts.

I also beg you to note that there is no fulness or tenderness in the site of either

ligature. In both iliac regions the parts seem to be quite healthy, with the exception of the obliteration of the arteries there, which is complete.

This case therefore proves that prepared silk ligatures may be applied on the continuity of an artery, and neither cut it nor produce suppuration, for both of these ligatures still remain, I believe, around the iliac arteries where I placed them, the one thirteen months, the other six months ago. As to the exact state of these ligatures, the best information I can give you is the following: On the 15th of last January I assisted the late Dr. Dewar to tie the femoral artery with a silk ligature prepared as mine were. Unfortunately the patient, who was an old man and otherwise ill at the time of the operation, only lived for twenty-four hours. I examined the artery and the ligature carefully after death, and found that the latter had ruptured the internal and part of the middle coats of the former, the rest of the arterial wall remaining sound. The parts of the coat which had been ruptured were turned in towards the centre of the tube, and glued with lymph and clot. The ligature was buried in lymph, and, on cross section, was seen to be already intruded into by the cellular elements. I have little doubt that its fibres would have soon been further separated and encapsulated by the lymph, and thus preserved from change. Such I believe to be the state of the ligatures in my case. They are still holding the arteries, but they are, by this time, so incorporated with living tissue that they may continue there indefinitely, without causing any disturbance or irritation.

At the time when this man's case was interesting us all—namely, last winter—I made some experiments upon the durability of catgut ligatures in the living body. More perfect ones might easily be devised, and I may yet pursue the subject further; but in the mean time I shall give you the results we arrived at.

*Exp. 1.* Three catgut ligatures, prepared as usual for surgical purposes and of different thicknesses, were tightly tied round a piece of wood and immersed in blood freshly drawn from a man's arm.

In twenty-four hours' time no appreciable change in the ligatures had taken place. The knots on the ligatures were quite firm, and the ligatures themselves were not thinned. My notes do not contain any indication of a later inspection of the ligatures.

*Exp. 2.* Three similar catgut ligatures were employed, and a double knot was firmly tied on each. They were then pulled through a sinus in a man's leg, as a seton, so that the knots were embraced by the tissues and bathed in the seropurulent discharge of the sinus. In six hours there was no appreciable difference in any of them. But in thirteen hours the ligature of smallest size had entirely liquefied and disappeared. That of medium size had become soft and diminished in thickness, so that the knot slipped on being slightly pulled; in fact, the ligature actually broke on slight traction being made on it. The third ligature, which was of the thickest catgut used in surgery, had also very much thinned; the knot on it slipped readily, but it did not break.

*Exp. 3.* Again three catgut ligatures, similar in all respects to those previously used, after having been knotted, were inserted in an abscess recently opened. In six hours the catgut was bleached, but not otherwise changed. In thirteen hours the ligature of smallest size was softened, and the knot did not hold, while the others were unaffected; but after twenty-four hours' residence in the pus, all were found softened, thinned, and incapable of retaining the knot.

I ought to have stated that in Exps. 2 and 3 antiseptic dressings were employed, and in neither case was the pus at all putrid.

The question now comes to be whether or not the time—less than thirteen hours—is long enough to hold an artery with a ligature for the cure of aneurism; and the practical answer which must be given is that in some cases it would seem to have been long enough, while in others it was not. My experiments would seem to show that if suppuration is entirely prevented, the catgut ligature will hold for twenty-four hours, or perhaps even

longer; but as no surgeon can be certain of securing that condition, especially in deep wounds and in unhealthy patients, the propriety of employing catgut ligatures in such cases is rendered doubtful; whereas the successful case of ligature of both internal iliacs now before you goes far to prove the safety and the certainty of prepared silk ligatures in such cases, and the length of time which has elapsed since the operations greatly strengthens this conclusion.—*Lancet*, August 12, 1876.

#### HOSPITAL NOTES AND GLEANINGS.

*Subcutaneous Osteotomy.*—On Saturday July 15, we were attracted to the London Hospital by a notice that Mr. Mauder would perform subcutaneous section of the femur with the chisel and mallet, to correct angular deformity resulting from ankylosis after hip-joint disease. Like many of our readers, we had made ourselves acquainted with what had passed at a recent meeting of the Clinical Society (May 12, 1876), when Mr. Mauder read a paper on this subject, and exhibited patients who had been operated upon in this way; but we wished to see the operation done, and the instruments employed for the purpose. These we will now describe as we witnessed them, for the information of those surgeons who are interested in the subject. Two patients were submitted to this treatment on Saturday—one was a young girl who for about seven years had been unable to put her foot to the ground. Disease of the hip-joint had ended in fibrous ankylosis, with the thigh fixed at an angle of 118° with the trunk. Thomas's splint had been tried for several weeks with the view of gradually straightening the limb, but no improvement whatever had resulted. The other patient was a young man of fine proportions and well nourished, who had been sent up from Plymouth with the express object of undergoing the operation. Disease of the left hip-joint had supervened upon fever, and had ended in fibrous ankylosis with the leg at right angles with the trunk. Before commencing the operation, an assistant standing

in front of the patient drew forwards the soft parts. Mr. Maunder then measured the distance from the top of the trochanter major to the shaft at a level immediately below the small trochanter—this spot being selected because it is the highest beyond the attachment of the numerous muscles which are inserted into the upper end of the femur. At this spot (and while the soft tissues are well drawn forwards) he inserts a double-edged knife down to and at right angles with the bone on the outer side of the limb, cuts through the periosteum, and then, before removing the knife, introduces the chisel, which is also kept at right angles to the axis of the shaft of the femur. With a light wooden mallet the chisel is driven well into the bone, then partially withdrawn, to be again driven onwards, inclined somewhat obliquely forwards, and then backwards so as to divide the bone in the rest of its thickness. While doing this the hand of another assistant is pressed upwards against the inner surface of the thigh, so as to make counter force to the direction of the penetrating chisel. Finally, the limb is gradually and carefully extended, any small portion of bone which may happen to have escaped the chisel being at the same time broken down; lastly, a straight interrupted outside splint is applied.

The chisel—a separate one for each case—used by Mr. Maunder is three-eighths of an inch in width at the cutting edge, where it is wider than elsewhere: and three inches and a half long in the shaft. The operation is attended with next to no hemorrhage, and the small wound in the soft tissues through which the chisel has been worked, becomes valvular and air-tight as soon as the tissues themselves are allowed to fall backwards into their natural position. A minute or two was the time required to complete the division of the bone in the case of the girl; in that of the man the process was longer, owing to the greater thickness and toughness of the bone. We are happy to state that up to the present time both patients are doing perfectly well.

Mr. Maunder showed to several visitors

who had assembled to see the operation three cases in which it had been performed some weeks previously. All these three patients walked into the theatre—one man without the aid of stick or crutch—with limbs in nearly perpendicular positions, and with little or no lordosis. There necessarily, however, remains some deformity about and around the hip-joint. This is easily understood when it is remembered that there is ankylosis at an angle, and in some cases it has followed so-called dislocation from disease: while, as the division of the femur is made below the small trochanter, there is no attempt to correct the abnormal position of the upper extremity of the bone.

Mr. Maunder stated that in most of his cases there has been no suppuration whatever after the operation, and that it was very limited indeed in the case in which it occurred. This entirely coincides with the experience of Professor Volkman, who also has employed the chisel instead of the saw. Professor Volkman, however, used three chisels of different thicknesses to prevent the jamming and sticking fast in the deeper parts of the incision into the bone. The superficial part was divided with the stoutest, the deeper with a thinner, and the deepest with the thinnest instrument of all so that the cleft was slightly wedge-shaped. Mr. Maunder, by a modification of the form of the chisel, finds it unnecessary to use more than one instrument.—*Med. Times and Gaz.*, July 22, 1876.

*Cases of Acute Rheumatism treated by Salicine.*—The almost specific power which salicine seems to possess of arresting the course of certain cases of acute rheumatism with high temperature is exemplified in the following case, which was recently treated at this hospital:—

James A.—, aged twenty-two, was admitted May 16th, into the Seamen's Hospital, Greenwich, under the care of Dr. RALFE, on the second day of his illness, with all the symptoms of rheumatic fever. He was quite helpless from the severity of the pain in the large joints, drenched with acid perspiration; the chest and abdomen covered with sudamina; the tongue

thickly coated with white fur. Pulse 120, full and bounding; temperature 104°. No cardiac complication. The patient was at once put on salicine, ten grains every second hour; to have half a grain of the acetate of morphia at night; milk diet. On the evening of admission, after six doses of salicine, the temperature had fallen to 102.8°.

*May 17th.* Pulse 104. Morning temperature 102.4°; evening 102.6°. Pain in elbows and wrists very severe.

*18th.* Pain much relieved. Morning temperature 101.4°; evening 101.8°; pulse 98.

*19th.* Patient expresses himself as quite relieved. Perspiration much less; tongue cleaning. Morning temperature 100.2°; evening 101°.

*20th.* Improvement continues. Patient says he feels quite well, his pain quite gone, and he has asked to be allowed to get up. Morning temperature 99.2°; evening 99.8°; pulse 86.

*21st.* Patient quite convalescent. Temperature normal.

*22d.* Allowed up. Temperature normal.

*23d.* Patient very anxious to be discharged, as he says he feels "perfectly well."

*25th.* Patient discharged, convalescent.

*Remarks.*—This case well illustrates the marvellous power which salicine seems to exert in some cases of rheumatic fever. On admission the case threatened to be long and severe, the temperature was high, and all the symptoms acute, yet in four days the patient was practically convalescent. The rapidity of the cure will contrast favourably with the most favourable recorded cases under other modes of treatment, and from what we know of the history of rheumatic fever, the result can only be attributed to the salicine.—*Lancet*, July 1, 1876.

*Three Cases of Tetanus treated by Calabar Bean.*—The *Lancet* for Aug. 26, Sept. 2 and 16, contain a report of three cases of tetanus treated at St. George's Hospital by extract of Calabar bean either by internal administration or subcutaneous injection, or both combined. The first and second

cases ended in recovery. That the result in these cases was due to the beneficial influence of the Calabar bean it would be useless to attempt to deny. Both patients were to all appearances rapidly getting worse until the administration of the extract of Calabar bean was begun; from that time they improved, and soon completely recovered. In the third case, although extract of Calabar bean was exhibited in large doses, and the system became distinctly affected by the drug, the patient unfortunately succumbed. The immediate cause of death was not evident, but it is worthy of note that the man seemed to breathe freely, and remained conscious up to the last.

The first and third cases were traumatic, the second idiopathic.

*A Pulse of 21.*—A remarkable instance of slow pulse is at the present time in M. Tillaux's service at the Lariboisière. The patient, a *chiffonnier*, seventy-seven years of age, came in to be treated for hydrocele, in all other respects seeming well, and jovial in his manner. It was almost by accident discovered that he had a pulse only of 21. It is regular, the two sounds of the heart and the short interval of silence that separates them occupying scarcely half a second. But the "grand silence" is extraordinarily prolonged, so as to continue nearly two seconds and a half. During this absolutely nothing is heard in the heart—not the slightest souffle. But with the first sound a very distinct souffle is heard, which, continuing during the "petit silence," terminates suddenly with the valvular clap which constitutes the second sound. The heart seems large, its apex beating more externally and lower down than in the normal state. There is some emphysema of the lungs. The pulse was counted carefully four days in succession, and the intervals were found to be perfectly equal, and the same on both sides. The patient, who entered the hospital on August 5, has had some attacks of syncope since then, and at the present time he is suffering from considerable œdema of the legs.—*Med. Times and Gaz.*, Aug. 19, 1876, from *Gaz. des Hôp.*, Aug. 12.

**MEDICAL NEWS.****ORIGINAL ARTICLES.**

**Sponge Tents.** By J. M. WARD, M.D., of Cornelia, Mo.—With a view of obviating the objections which have been advanced against the employment of these instruments, I use the common sponge tent modified by covering it lengthwise with a strip of isinglass plaster large enough to cover it from the large end to the point and back again, and wide enough to encircle some more than half of the sponge when dilated. The plaster should be wet enough to wrap smoothly over the tent, and any overlapping is no detriment to dilatation. Thus covered at the time of use it slips more readily into place, is easily retained by the cotton dressing, dilates fully, is easily removed, and is not followed by either hemorrhage, laceration, or so fetid discharges. The main causes of inflammation are obviated, and in suitable cases the only precaution is quietude of patient, and not to use the first tent so large as to require force in adjusting. I introduce them in the left lateral position, apply a cup-shaped pledget of cotton wet with glycerine, and remove all in the same position, and have never had metritis follow, and I doubt the effect of air in causing it if other precautions are taken. In chronic endometritis after dilatation the cavity is swabbed with either chromic acid and water equal parts, pure deliquesced carbolic acid, nitric acid, or tincture of iodine, and followed with the cotton glycerole to the cervix. Instead of using cotton-wool wrapped on a sound or probe as a swab, I take a piece of broom wire a foot long, bend it double from the middle, and fasten a small piece of sponge in the bight, wrap it and trim to a round ball the size of a pea. To give strength to the handle tie a small stick (crow quill size) between the free ends of the wire and up to within two and one-half inches of the sponge. Curve the wire portion between the stick and sponge, and you have a complete and effective instrument.

**Four Children at a Birth.** By HENRY H. THORPE, M.D., of Liberty Hill, Williamson County, Texas.—The following

case of pregnancy has just occurred in my practice:—

On the night of the 13th of September I was called to attend Mrs. S., mother of seven children, having been delivered of twins at fourth pregnancy.

I found os fully dilated. I ruptured membrane, after which she was soon delivered of a female child weighing three pounds. I then found two presenting, one cephalic, the other breech presentation. I ruptured the membrane, and succeeded in delivering both, when I found a fourth child, having a cephalic presentation; ruptured membrane, and fourth child was delivered. All are living and are all doing well. One child weighed three pounds; two, three and a half respectively; fourth, weight four pounds. The cords had separate attachments to placenta, but within a radius of one and a half or two inches. All are female children.

**Case of Five Children at a Birth.** By JAMES F. PEARCE, M.D., of Mars Bluff, S. C.—Scilla M., a negro woman, a multipara, gave birth on the 11th of September to five children. The labour was premature by one and a half months. The children were small but perfectly developed, ten and three-quarter inches long, and weighed (estimated, I had no opportunity of weighing) about two and a half pounds each.

One female was attached to a separate placenta. One female and three male children attached by separate cords to same placenta. I would have preserved the placenta, but they were burned immediately on account of a superstition prevalent amongst southern negroes. The mother is doing well. Four of the children died immediately; one lived several hours.

**Sanguineous Discharge from the Vagina of an Infant aged three months.** By EDWIN FARNHAM, M.D., of Cambridge, Mass.—Mrs. —— was under my care for four months previous to and during her labour. The case was a first pregnancy, and complicated by marked melancholia, and toxic convulsions occurring at intervals of about

a month. The melancholia persisted up to the setting in of labour. The convulsive attacks abated in severity, and the last month of pregnancy passed without one, the patient having been put upon minute doses of strychnia and phosphorus for the three months preceding labour. Labour came on June 6th, and after continuing twenty-four hours terminated with the birth of a child, weighing (naked) eight pounds and eight ounces, in the left occipito-anterior position. There were no convulsions during labour, the last two hours of which were passed under the influence of chloroform. Ether was tried in the earlier part of labour three times unsuccessfully, producing on each occasion violent vomiting. The mother recovered rapidly and completely. The child has had no sickness, with the exception of the incident about to be detailed, up to the present time. On the 7th of September, 1876, I chanced to be in the house when the infant was brought home from its walk, and was asked by the mother to look at it, as there appeared to be some trouble. On changing the child, she found on its napkin a red spot the size of a silver half dollar. Upon examination, I discovered a few drops of a sanguineous-looking discharge oozing from the vagina. There were no marks of any injury, nor did an interrogation of the nurse throw any light upon the subject. No treatment was necessary, as the discharge subsided spontaneously in two or three hours. Neither at the time of this occurrence, nor subsequently, has there been any impairment of the general health of the infant, which, from the date of birth up to the present time, has gained one pound and eight ounces each month, and is a strong and remarkably happy and quiet child. It has never had any food but its mother's milk.

#### DOMESTIC INTELLIGENCE.

*Cesarean Section.*—Dr. W. N. M'Coy records (*American Practitioner*, October, 1876) a curious case of this. The uterus had prolapsed while in a state of suppurative inflammation, following her previous confinement, and the vaginal cervix

had become adherent within the vagina; oraniotomy and delivery per vias naturales being impossible, hysterotomy was performed. A living child was delivered. The mother died thirty-two hours afterwards.

*American Gynaecological Society.*—The first annual meeting of this Society was held in the city of New York, on Wednesday, September 18; Fordyce Barker, M.D., President, in the Chair.

The first paper read was on Flexures of the Uterus, by Dr. Thomas Addis Emmet, of New York; it included the statistics of 2500 cases, and elicited an instructive discussion. Papers were also read by Dr. Skene, of Brooklyn, on Cicatrices of the Cervix Uteri and Vagina; and by Dr. E. W. Jenks, of Detroit, on Viburnum Prunifolium; its Uses in the Treatment of the Diseases of Women, and to prevent abortion. The viburnum was recommended as a valuable prophylactic against Abortion. Dr. Theophilus Parvin related a curious case of abnormal menstruation, in which menstruation occurred vicariously from the gum and lip.

On the 14th, the President delivered his annual address, which was followed by the reading of a paper by Dr. Robert Barnes, of London, on Some of the Relations of Pregnancy to General Pathology. Dr. T. Gaillard Thomas presented a Report of a Case of Abdominal Pregnancy treated by Gastrotomy; and Dr. Byford, of Chicago, read a valuable paper On Spontaneous and Artificial Disintegration of Fibrous Tumours of the Uterus. Dr. H. F. Campbell, of Augusta, Ga., presented a paper upon Pneumatic Self-Replacement in Dislocations of the Gravid and Non-Gravid Uterus; and Dr. Emil Noeggerath, of New York, read a paper On Latent Gonorrhœa, especially with regard to its Influence on Fertility in Women. Papers were also read by Dr. Alfred Wiltshire, of London, On Death from Uræmia in Certain Malignant Diseases of the Uterus, in which he expressed his opinion that the suppression of urine resulting in uræmia is due to the occlusion of the uterus, produced in many cases by the inflammation of surrounding lymphatics, and by

**Dr. Geo. J. Engelmann,** On a Menstrual Hystero-Neurosis of the Stomach, in which he narrated three cases in which the menstrual period was accompanied by attacks resembling acute gastritis and disappearing with the menstrual molimen.

**Dr. Peaslee,** of New York, reported the case of an epileptic on whom he had performed Battey's operation for extirpation of the ovaries: the operation resulted in fatal peritonitis.

The concluding paper was read by Dr. William Goodell, of Philadelphia. It was entitled "The Treatment of Acute Lacerations of the Female Perineum and of Lesions of the Recto-Vaginal Septum." In the former class of cases he advocated immediate operation.

Papers by the following gentlemen were read by title: Matthews Duncan, Lawson Tait, W. L. Richardson, J. R. Chadwick, J. H. Bigby, H. F. Campbell, and Robert Battey. The following officers were re-elected for the ensuing year: President, Fordyce Barker, M.D.; Vice-Presidents, W. L. Atlee, M.D., of Philadelphia, and W. H. Byford, M.D., of Chicago; Secretary, J. R. Chadwick, M.D., of Boston.

The next meeting will be held in Boston in May, 1877.

**The International Otological Congress** was organized on the 15th of September in the City of New York, by the election of the following officers: President, Dr. D. B. St. John Roosa, of New York; Vice-Presidents, Drs. E. L. Holmes, of Chicago, and A. H. Buck, of New York; Secretary, Dr. J. S. Prout, of Brooklyn.

The Society adjourned to meet in 1880.

**American Otological Society.**—At the Ninth Annual Meeting of this Society, held in the city of New York, on the 15th of September, the following officers were elected for the ensuing year. President, C. J. Blake, M.D., of Boston; Vice-President, Albert H. Buck, M.D., of New York; Secretary and Treasurer, J. Orne Green, M.D., of Boston.

**American Public Health Association.**—At the fourth annual meeting of this Association, held in Boston in the first week

in October, the following officers were elected for the ensuing year: President, Dr. John H. Rauch, of Chicago. Vice-Presidents, Drs. L. H. Steiner, of Maryland, and E. M. Hunt, of New Jersey. Secretary, Dr. Elisha Harris, of New York.

A number of interesting papers were read, and among them one by Dr. Austin Flint on Food in its relations to Personal and Public Health, and another by Dr. Jones, of New York, on Abattoirs. In connection with the latter the Association

*Resolved,* That concentration of the slaughtering business in large abattoirs, located at the water side, and remote from business centres and human dwellings, provided with facilities for utilizing all portions of the animal without delay, is regarded as essential for the protection of public health, and as conducive to individual economy.

**Maine Medical Association.**—At the twenty-fourth annual meeting, held at Portland June 26th, 27th, and 28th, the following officers were chosen:—

Eugene F. Sanger, M.D., of Bangor, President; M. A. Albee, M.D., of Union, O. A. Horr, M.D., of Lewiston, Vice-Presidents; C. O. Hunt, M.D., of Portland, Secretary; S. H. Weeks, M.D., of Portland, Corresponding Secretary.

**Association of Medical Superintendents of American Institutions for the Insane.**—The thirtieth annual meeting of this Association was held in the city of Philadelphia on the 13th, 14th, 15th, 16th, and 17th of June last. The attendance was a large one; as usual, a considerable amount of interesting and important business was transacted, and many papers read and elaborately discussed.

The next meeting of the Association will be held in St. Louis, on the last Tuesday of May, 1877.

**American Pharmaceutical Association.**—This Association held its 24th annual meeting at the Hall of the Philadelphia College of Pharmacy, on the 12th, 13th, 14th, 15th, and 16th of September. The

building of the college was politely placed at the service of the Association, and every arrangement made that it was thought would contribute to the convenience of the members, and facilitate the business of the meetings.

The meeting was a very large one, and the members seem to have enjoyed themselves exceedingly.

Many interesting reports and papers were read.

The following officers were elected: *President*, Charles Bullock, of Philadelphia. *Vice-Presidents*, J. A. D. Sheppard, of Boston; G. J. Luhn, of Charleston; J. D. Wells, of Cincinnati. *Treasurer*, C. A. Tufts, of Dover, N. H. *Permanent Secretary*, John Maisch, of Philadelphia. *Reporter on the Progress of Pharmacy*, C. L. Diehl.

The next meeting will be held at Toronto, Canada, on the 4th of September, 1877.

*Code of Ethics of the American Medical Association.*—We mentioned in our previous number that this code had been translated into German, but omitted to state that this translation had been published in Munich. We may further add that the committee of the German Medical Association, representing fifty-three hundred members, at the meeting of that association in June last recommended the adoption of the Code by the different local societies.

The No. of the *Cincinnati Lancet and Observer* for September contains a very sensible defence of the Code of Ethics by Dr. J. R. BLACK, of Newark, Ohio, and there is an excellent defence of it also in an editorial in the *Detroit Review of Med. and Surg.* for September. These articles are recommended to the attention of those who have been discussing that Code under the idea that our profession is a mere trade, and its sole object is personal gain.

*A Question in Ethics.*—The editors of the *Pacific Medical and Surgical Journal* (Sept. 1876) very pertinently inquire, "Is there any difference, in point of ethics, between a physician in practice prescribing a proprietary medicine, and

a physician, in the capacity of editor of a medical journal, publishing advertisements recommending the same?"

It must require keen optics to detect the difference.

*Yellow Fever.*—This disease has prevailed to a frightful extent and with terrible malignancy in Brunswick and in Savannah, Georgia. So far as we can learn, the disease seems to have been brought to Brunswick from the West Indies. It was at first, perhaps, not recognized; at all events its presence was not announced until it had spread to a great extent, and half of the population became affected. Thence the disease was taken to Savannah, its existence in the former city appearing not to have been known to the health authorities, since no quarantine was established. The sanitary condition of Savannah being extremely bad, the disease rapidly spread, and the mortality from it has been large. The usual population of Savannah is about 32,000, which was reduced by the exodus of the inhabitants to about 20,000. The number of deaths so far as we can learn has been about 1200.

Cases of the disease have also occurred in Charleston, S. C., and New Orleans, La., but the complaint has not been epidemic in either of these cities.

*Bogus Diplomas.*—Notwithstanding that the Legislature of Pennsylvania has annulled the charters of the colleges in Philadelphia which have been issuing bogus diplomas, and other legal measures have been taken to arrest their issue, it appears that this fraudulent business has not been entirely arrested. A large lot of such diplomas was recently received, it is said, at the custom-house in Philadelphia, from Liverpool, consigned to Dr. B. C. Buchanan, and has been seized as fraudulent. These diplomas are in blank. One set professes to be issued for attendance at the "University Hospital;" the other is that of the "Eclectic College of Pennsylvania," and has attached the signatures of certain Professors.

*Health of Philadelphia.*—We are happy to be able to announce that the sanitary condition of Philadelphia is, at the present time, and has been during the past summer, excellent. The weekly percentage of deaths has been materially less than that of New York, and less than that of Brooklyn, Boston, or Baltimore, or of any of our large cities. The water furnished to the Centennial grounds is drawn from the Schuylkill River, is abundant, and, as the borders of the river for a considerable distance above the source of supply are included within the Park limits, there are but very few habitations or other sources from which the water can be contaminated. The chemical analysis of the water by Dr. Chas. M. Cresson fully attests to the purity of that supplied to the Centennial grounds. We may further state, as convincing evidence of the present healthfulness of Philadelphia, that, notwithstanding its largely increased population, its absolute mortality for several weeks past has been less than that for the corresponding periods of the preceding year.

*Stevens's Triennial Prize, 1879.*—This prize, established by Alexander H. Stevens, M.D., amounts to two hundred dollars. The questions for 1879 are as follows:—

I. "Bacteria and kindred organisms, in their relation to disease."

II. "Human excreta as a cause of disease; the diseases produced therefrom, and their prevention by hygienic means."

The competing essays on either of the above subjects are expected to give an account of our present knowledge, and also the results of personal investigation.

The essays must be sent in to the President of the College of Physicians and Surgeons, New York, on or before the first day of January, 1879. Each essay must be designated by a device or motto, and must be accompanied by a sealed envelope, bearing the same device or motto, and containing the name and address of the author. The envelope belonging to the successful essay will be opened, and the name of the author announced, at the Annual Commencement of the College, in

March, 1879. This prize is open for universal competition.

J. C. DALTON, M.D.,  
Secretary of the Committee.

*Personal.*—Dr. Laurence Turnbull requests us to state, in order to prevent misapprehension, that he resigned the chairmanship of the Section on Otology, International Medical Congress, in order that the position might be filled by a gentleman from a distant city.

*OBITUARY RECORD.*—Died, in Baltimore, Dr. RICHARD S. STEWART, aged 79. Dr. S. was for many years one of the most esteemed physicians in Baltimore, but retired from practice a number of years since, and became the superintendent of the Maryland Hospital for the Insane, which position he held until within a few years.

— In Berea, Ohio, of tuberculosis, Dr. ALEXANDER McBRIDE, in the fifty-fifth year of his age.

— In Charleston, S. C., Oct. 4, THOS. G. PRIOLEAU, in the ninetieth year of his age. Dr. P. was one of the original founders of the Medical College of the State of South Carolina, and was Professor of Obstetrics until his resignation a few years ago. He was a most courteous and dignified gentleman, highly esteemed and respected, and enjoyed a large practice.

— At Washington, D. C., Oct. 24, aged 65, W. P. JOHNSTON, M.D., one of the most eminent physicians of that city.

#### FOREIGN INTELLIGENCE.

*Alteratives.*—Dr. T. LAUDER BRUNTON says (*The Practitioner*, Sept. 1876), if we were to take the word *alterative* in its widest sense, it would embrace all the medicines we employ; for all of them are used for the purpose of producing some alteration or other in the bodies of those to whom they are administered. Nor is the alteration confined to them alone; it may also influence their offspring, and Buchheim very truly says that we are quite justified in calculating what the influence of a purgative, which we take to-

day, will be upon the bodily and mental well-being of our great grandchildren. I know a lady who believes that ill temper in children is due to illness, and whenever any one of her own family was naughty during their childhood, she invariably administered a dose of Gregory's mixture to the offender. The practice was most successful, mind and body were purged together, the ill temper fled with the evacuation of the bowels, and a wholesome dread lest the dose should be repeated co-operated with its physical action to prevent a return of the naughty fit. Who shall say that the temper and disposition, as well as the bodily health, of this lady's children and grandchildren are not altered for the better by her judicious use of rhubarb and magnesia, and who shall deny to Gregory's mixture an honourable place among the alternatives?

*Corrosive Sublimate in Gonorrhœa.*—Founding his trials on a case which he published in 1873, Dr. Bruck, of Budapest, now recommends this treatment as producing the following results: 1. In the course of six weeks, without any of the complications contingent on the use of injections, the gonorrhœa may be cured, and the means may be resorted to in the hyperæmic stage of the affection. The discharge during the first ten days is remarkably profuse, and then becomes less and less and more serous, the urethral burning being supportable, and the chordee moderate. 2. During the treatment, alcoholic drinks, strong coffee, and highly seasoned foods must be abstained from. 3. Purgatives are also to be avoided, being unnecessary during the use of the sublimate. 4. When much gripping pain is produced in the stomach or intestines, the sublimate must be suspended for some days. 5. It is not to be employed when there is heart or lung disease. It is given in the form of pills, one centigramme divided into twenty pills being taken in the course of the first ten days. The next twenty pills contain two centigrammes, and are consumed in half that time, and so on.—*Med. Times and Gaz.*, Aug. 5, 1876, from *Centralblatt f. Med. Wiss.*, July 1.

*Hypodermic Injections of Morphia in Obstinate Diarrhoea.*—M. RÉVILLIOD states (*Gaz. des Hôp.*, Aug. 5) that numerous trials in Professor Vulpian's wards have shown that morphia, hypodermically used in moderate quantities, has proved a most valuable remedy in arresting diarrhoeas that obstinately resist all other treatment—as, e. g., in the diarrhoea of phthisis.—*Med. Times and Gaz.*, Aug. 12, 1876.

*Phenicated Camphor.*—Under this title Dr. SAULEZ describes (*Bull. de Thérap.*, August 30) a combination of carbolic acid and camphor, which exerts a remarkable influence on wounds of an unhealthy character, as proved by him in the Romarantin Hospital. The acid will take up a large quantity of camphor, but Dr. Saulez ordinarily employs a solution of two grammes and a half of the powder in one of the acid (nine grammes to one of alcohol), which produces a pale yellow oleaginous liquid, in which the disagreeable odour of the acid is no longer to be recognized. It is not miscible with water or glycerine, and in employing it we have first to emulsify it by the addition of a twentieth part of the phenicated camphor either to olive oil or infusion of saponaria.—*Med. Times and Gaz.*, Sept. 28, 1876.

*New Remedy for External Aneurism.*—Dr. WALTER RIDD, Staff Surgeon of the Royal Naval Hospital, Plymouth, has just published in a pamphlet form some short remarks on a case of popliteal aneurism which he cured by the application of Esmarch's bandage for fifty minutes. The patient was a sailor, aged thirty-seven, with a sacculated aneurism of the size of a hen's egg in the left popliteal space. For nine days he was kept in bed, on a light non-stimulating dietary, and then an unsuccessful attempt was made at cure by genuflexion, which was continued for four days. Afterwards, rapid compression by means of one of Carte's compressors was tried, but the pain and distress being so severe as almost to lead to syncope, the instruments were removed at the end of four hours. The pulsation was found to have ceased, but it shortly afterwards returned. A number of other

attempts at cure by digital and instrumental compression were made, but owing to the freedom of the collateral circulation, no improvement whatever of the aneurism took place. On this account it was resolved to arrest the entire circulation in the limb by Esmarch's plan for performing bloodless operations. The elastic bandage was applied from the toes upwards, as far as the aneurism; it was then run very lightly over the popliteal space, and carried on as high as the apex of Scarpa's triangle. After the application of the constricting tubing, the bandage was removed. Before the tubing was loosened—at the end of fifty minutes—a Carte's compressor was applied at the pelvic brim, and allowed to remain for a few minutes; when this was loosened, no pulsation could be detected in the aneurism. The patient himself continued to apply intermittent compression until the evening of the following day, when Carte's apparatus was finally removed. Pulsation never returned.

This case cannot be regarded, perhaps, as one of aneurism cured purely and simply by Esmarch's bandage, as no doubt the previous treatment had worked some good effect towards a cure. It does, however, illustrate a further means at the surgeon's command for curing external aneurism, after failure by digital pressure or by rapid compression of the main artery by such well and accurately adjusted force as can be exercised by Carte's pads. It must not, however, in our opinion, be supposed that Esmarch's bandage is a substitute for either of these other means of cure. It is a more severe, and will prove probably in most cases a more painful process. It should only be resorted to, therefore, after it has been shown that stopping the circulation through the main channel alone is insufficient for the particular case.—*Med. Times and Gaz.*, July 22, 1876.

**Bronchocele.**—Mr. J. B. UNWIN relates (*Brit. Med. Journ.*, Sept. 28) the case of a clerk at 20, who applied to him complaining of great inconvenience and difficulty of breathing, arising from a large bronchocele involving the isthmus and

right lobe of the thyroid gland, and extending between the sterno-mastoid and the deep structures of the neck. Upon the urgent request of the patient, I consented to operate. On making an incision in the median line, and exposing the capsule, or rather the sac of the tumour, it proved to be of the cystic form of bronchocele. I laid it open, evacuating a quantity of thin purulent fluid. The tumour at once collapsed. The sac was stuffed with lint and afterwards daily injected with a strong solution of iodine. It gradually contracted, and in the course of about a month the tumour had entirely disappeared, and the patient has felt nothing of it since.

**Nephritic Pains in Ataxy.**—Dr. MAURICE RAYNAUD has attempted to show that in locomotor ataxy, "nephritic crises" may occur analogous to the "gastric crises" to which M. Charcot has called attention. The statement appears to be based on one case only, which alone is not very conclusive. Its details, however, are of interest. The paroxysms of pain were of great intensity, and were at first separated by intervals of perfect health. Afterwards they were more frequent, but not less intense; and ultimately a state of continuous profound "endolorissement" was reached, with grave general symptoms. The character and seat of the pain, the retraction of the testicle, and the diminution in the quantity of urine, present features closely resembling those of calculous nephritic colic. It is distinguished, however, according to M. Reynaud, by the longer duration of the attacks, lasting six or eight days without intermission; the frequent return of the attacks, which occur during several, even six months; and by an entire absence of those changes in the urine which are so constant in calculus. In the case described, sclerosis of the posterior columns of the spinal cord was found after death.—*Lancet*, Aug. 19, 1876.

**Lectures on Paralysis.**—The eminent physiologist Dr. Brown Séquard is delivering a short course of lectures at the Royal College of Physicians, in which he

proposes an entirely new theory of the mechanism of paralysis from brain disease, and a new basis of treatment. He repudiates the old doctrine of the causation of paralysis. According to the old doctrine, paralysis depends on disease or injury (usually hemorrhage) affecting some part which is a generator of will-force, or a conductor of it. He repudiates, also, the doctrine that recent observers have tried to establish—to wit, that there are centres of force in the brain which preside over the movements of specific parts of the body. By a large series of experiments and clinical evidence he proves that any muscles may be paralyzed by disease or injury of any part of the brain; and conversely, that at times any part of the brain may be injured or diseased without any special paralysis. Thus he disposes of the old idea that paralysis is essentially caused by disease of a special part that generates or conducts will-force. The theory he would substitute is that disease or injury of the brain has a diffusive inhibitory action radiating from, or passing in definite channels down, certain columns of the spinal cord. This reminds us of a theory of paralysis propounded at an evening meeting of the College of Physicians nearly forty years ago by Mr. Herbert Mayo, and which is thus expressed in his "Pathology": "Palsy from cerebral disease is not caused by the interruption of an accustomed stimulus, but by a new and withering influence transmitted to the origins of the nerves." It will be seen that, on this theory, paralysis is not an interception of force, nor a suppression of it at a supposed centre, but a kind of blight or an inhibition sent from an injured brain to the nervous cells generally. Clearly, if this be true, treatment must have a new basis. It is of no use to treat the cause, for that is spent; the brain lesion is unalterable. But the parts which conduct will-force to the paralyzed muscles, and which are secondarily affected, must be restored to their functions as energetically as possible. The effect must be combated. Such is a nutshell view of these highly interesting and practically important lectures.—*Med. Times and Gaz.*, July 22, 1876.

*Hydrophobia from the Scratch of a Cat.*—A singular case of hydrophobia is reported from Leeds, the cause of the disease having been the scratch of a cat. About the middle of last month a young man, twenty-two years of age, was admitted to the Leeds Infirmary, suffering from well-marked symptoms of hydrophobia. The patient stated that about eight weeks previously he took a strange cat into his house, and in doing so it scratched his hand. The wound healed well, and nothing appeared to be wrong until the day before admission, when he felt a peculiar pain in the hand which had been scratched. It is said that everything was done for him that was likely to afford relief, but he died in great agony on the following day.—*Med. Times and Gazette*, Sept. 9, 1876.

*Evil Effects produced by Santonin.*—There is probably no anthelmintic so popular with general practitioners as santonin. It must, however, be within the cognizance of many that comparatively small doses have produced convulsions of a somewhat grave character. A German contemporary lately reported a case in which poisonous effects were produced in a child two years old by the ingestion of so small a dose as a grain and a half. Convulsions commenced in the face, and extended to the extremities, while the respiratory action was greatly impeded. Under warm baths, enemata, and artificial respiration, the patient recovered. The physician in charge of the case then instituted a series of experiments on the lower animals, and found that chloral and ether inhalations controlled the convulsions produced by santonin. He naturally argues that the same treatment should be pursued in the human subject when a poisonous dose is taken.

*Poisonous Properties of Glycerine.*—From a series of experiments, made by the subcutaneous injection of glycerine in dogs, Drs. DUJARDIN-BRAUMETZ and AUDICZ arrive at the following conclusions: 1. Chemically pure glycerine may induce in the dog, within twenty-four hours, when introduced under the skin, fatal accidents

if employed in the dose of eight grammes to 1000 grammes of the weight of the animal. 2. The general characters of such poisoning accidents (acute glycerism) resemble within certain limits, those of acute alcoholism. 3. The necroscopical lesions in glycerism are analogous to those of alcoholism, whence it would appear that the toxic action of the two bodies is very much the same. 4. In a therapeutical point of view, the introduction of too large a quantity of glycerine into the system is, probably, not without some danger.—*Med. Times and Gaz.*, Aug. 12, 1876, from *Bull. de Thérap.*, July 30.

*The St. Petersburg Lying-in Asylums.*—In a recent inaugural dissertation, Dr. STOLTZ gives an account of the working of the ten Lying-in Asylums that have been recently established at St. Petersburg. Established on account of the danger that exists in the agglomeration of puerperal women, these asylums have only three or four beds in each; and although many of these are placed in very insalubrious districts, a six years' experience has proved their great utility. Of the 7907 women who have been delivered in them, only eighty, or 1.1 per cent., have died, while at the three hospitals the mortality has been 3.6 per cent.; so that the lives of 200 women have been saved which would have been lost in the old establishments. Besides their great convenience in being distributed over the city, the cost of these asylums is much less than that of the hospitals, the expense of each patient being in the latter from nineteen to twenty-three roubles, while in the asylums it is only twelve roubles.—*Med. Times and Gaz.*, Aug. 12, 1876, from *St. Petersburg Med. Woch.*, July 29.

*Deaths from Chloroform.*—Three deaths from the inhalation of chloroform are reported in the London weeklies for September 23. In two of them the history was that so common in such cases—violent struggling, stoppage of the pulse, death, and fatty degeneration of the heart discovered afterwards. The third case was the result of the inhalation when the stomach was full of food. Vomiting was followed by a deep inspiration, and the

trachea and larynx filled with half-digested food, so that even tracheotomy did not restore the power of breathing.

*International Medical Congress, Geneva, 1877.*—The International Medical Congress to be held at Geneva in 1877, under the auspices of the Swiss Federal Council and of the authorities of the Canton and of the city of Geneva, will be formally opened on Sunday, the ninth day of September, and remain in session one week.

The committee charged with the organization of the Congress is officered as follows: President, Prof. C. Vogt; Vice-President, Dr. O. Lombard; Secretary-General, Dr. Prevost; Adjunct Secretaries, Drs. D'Espine and Reverdin.

The proceedings of the Congress will be exclusively scientific. The official language will be the French.

All communications relating to the Congress should be addressed to the Secretary-General, Dr. Prevost, at Geneva.

*OBITUARY RECORD.*—Died, August 17, aged 82, MAXIMILLIAN JOSEPH CERLIUS, formerly Professor in the University of Heidelberg, and long a leader in Surgical Science in Germany. He was well known in this country by his excellent Handbook of Surgery, of which a translation by Mr. J. F. South, edited by Dr. G. W. Norris, was published in Philadelphia.

— in London, August 29, aged 65, VICTOR DE MERIC, Surgeon to the Royal Free and to the German and French Hospitals. He was considered as high authority on the subject of syphilis, to the literature of which he made numerous valuable additions.

— suddenly, September 7, at Geneva, FRANCIS SIBSON, M.D., of London, aged 61, Consulting Physician to St. Mary's Hospital.

— August 28, GUSTAV SIMON, Professor of Surgery in the University of Heidelberg. He was an original worker, a brilliant operator, and a large contributor to surgical literature. His latest invention is a method of examination of the abdomen by the gradual dilatation of the rectum and the introduction of the whole hand.

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Under the able editorship of Dr. Power, it must still be regarded, treating it as a whole, as the most complete exposition of physiological knowledge in the English language. The present edition, compared with the seventh edition, represents the advancement of physiology during the past five years. In its preparation, the editor has collated most carefully most of the recent contributions of physiologists, and he has got special

and direct assistance from several. As a work of reference, it ought to have its place in the library of every medical man. There he will find a short and clear account of the most recent investigations, and no opportunity is missed of pointing out any practical influence the work may have on our theories of disease.—*Edin. Med. Journ.*, June, 1876.

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